

confusing. But, be that as it may, applicant elects to re-prosecute the case. We are assuming that the new references Teshima and Gupta, and Teshima, Gupta and Tanaka are equivalent to a first office action, and that our response will be a first response to a non-final office action.

As an aside, would it be possible to obtain refund of the filing fee for filing the appeal notice, and the filing fee for filing of the Brief?? We would appreciate your assistance in setting out the procedure for obtaining such refund, if possible. If not possible, please inform us.

In the Office Action Summary, #9, the Examiner checked off that the specification was objected to... but.. the detailed office action contained no mention of such objection. We assume that there was an error, and that there is no objection to the specification.

SEC. 103 REJECTION OVER TESHIMA IN VIEW OF GUPTA TRAVERSED

The 103 rejection over Teshima 6,272,470 in view of Gupta 6,501,849 is respectfully traversed, especially in view of the new main claims 93 and 94. Clearly, no combination of the two would make obvious applicant's recited invention.

Briefly, our recited invention encompasses a "plurality of subscribers" (e.g. in FIG. 1, 21, 22, 23, 24, 25, 31, 32..etc) having "imaging devices" (e.g. in FIG. 1, MRI, CT, X-ray, apparatus) which have "registration contracts" and/or "access contracts" which can be "checked and verified as to legitimacy" so that those having "registration contracts" can "transmit" "medical images", such as from the "MRI, etc devices" through the "network" for "registration" or "storage" in the "single server" (FIG. 1, 100)

and so that those having "access contracts" can access the medical images from the "data base" of the "single server" for receipt by the "subscriber" requesting same, after "checking and verifying legitimacy". Note, that the subscriber such as 21-23 have imaging devices for "producing medical images".. and it is these "medical images" that are sent through the "network" for storage in the "data base" of the "single server". We use the term "storage" and "registration" interchangeably. Then, a subscriber having an "access contract" signals through the network the "single server" for obtaining a relevant "medical image", which single server then "checks and verifies the legitimacy" of the request. If the request is legitimate, the relevant medical image is sent through the network to the requesting subscriber which then receives such medical images.

Clearly, no combination of the two references teaches or makes obvious such system or method, recited in claims 93 and 94, nor any of the subclaims depended therefrom.

In contrast Teshima's system comprises an IC card on which the patients consultation record is contained, writing means for writing the patients consultation record into storage and where desired linking information to other files, and reading means for obtaining the linking information when the consultation record requires same.

Careful study of FIG. 1 of Teshima shows that Teshima does not use a "single server" which is "separate from and used commonly by said plurality of subscribers". Teshima's "server 2" is contained in "hospital A" in FIG. 1. The problem with that is that Hospital A is or may be independent of Hospital B, and have different protocols.

Thus, one hospital may not desire to be under the control of another hospital and thus, this system of Teshima may not be commercially feasible.

In contrast, our server 100 is "separate" from said plurality of subscribers". Thus, an independent service not under the control any particular subscriber can be provided.. an overwhelming advantage in the competitive world of health care today.

Moreover, the requirement of a "structured language" to access transfer of "medical images" (see col. 7, lines '5-17) makes the Teshima system clumsy and totally unusable commercially.

In today's health care world, simplicity, reliability, and economy are necessary...especially since use of the internet is to obtain such characteristics. Otherwise, we could use the mail to mail back and forth the medical images.

The reason Hospital A does not have and require "checking and verifying of legitimacy" of the request for registration or accessing of medical images produced by the subscriber, is that only those hospitals A,B,etc, which are run on the same "structured language" and most likely owned by the same group, are connected to the server in hospital A.

In contrast, our "single server" is "separate" from the plurality of subscribers. The "single server" merely has "registration and/or access" contracts with the "subscribers" and using assigned ID codes, can "check and verify the requests for legitimate registration and/or access".

There is no need for combining Gupta's "checking and verification" with Teshima, since Teshima has not need for such checking

and verifying. This totally destroys the Examiner's case of combining the two references.

Also, please note as a matter of distinguishing features, we connect through the network the plurality of subscribers and the single server.

In total contrast, and necessitated by the features of Teshima, Teshima connects the "internet 5" to the "in house LAN 4 of hospital B" and the "in house LAN of hospital A". The image server 2 of hospital A is connected to the LAN 2 of hospital A... not.. to the plurality of subscribers, as in our recited invention.

Thus, clearly, our "separate" "single server" concept, and use of "checking and verifying legitimacy" are clearly not shown or made obvious by the combined references Teshima and Gupta.

SEC. 103 REJECTION OVER TESHIMA, GUPTA AND TANAKA TRAVERSED.

Claim 85 was rejected under 103 over Teshima, in view of Gupta and Tanaka. The Examiner cited col. 8, lines 3-25 of Tanaka as showing "wherein said request is for only part or all of said medical image and wherein said part or all of said medical image are sent through the network to said at least one subscriber". We have carefully read and reread that part of Tanaka, but, we think the Examiner has misunderstood Tanaka. He says nothing about "a request for medical images subjected to image processing " and that such "request is for only part..." There is no such "request" discussed at that part of the specification of Tanaka. Thus, we request the Examiner to withdraw that rejection.

Furthermore, such rejection of claim 85 , which is depended from

claim 83 and 94, would be without support since Teshima and Gupta do not make obvious the main claim 94, as above discussed.

--- The inventors wish to add the following technical comments:  
We have carefully studied the currently cited references Teshima, Gupta and Tanaka, as well as the previously cited references. In addition to our prior comments, we find it difficult to believe that the Examiner cannot see the differences between our invention and the disclosures of the cited references. Our embodiments shown and claimed in this application are completely different from the embodiments shown in the prior art and the cited prior art references. It seems that the Examiner does not fully comprehend that in the prior art, each facility (such as hospital, etc) had its own PROTOCOL so that rapid interchange of information was not possible. What we've done is to gather together under one roof the various medical information, data, etc using a "single server" which is common to all subscribers so that there is no multiplicity of protocols, as one advantage. We ask the Examiner reconsider his position. ----

In view of the foregoing, reconsideration and allowance are respectfully solicited.

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respectfully

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